

09/915459

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.B. BONE		01-25-01
O.I.P.E. CLASSIFIER		48	8/6/01
FORMALITY REVIEW	HB	TL-916	09-14-01
RESPONSE FORMALITY REVIEW	HL	1079	01/14/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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886  
 09/01  
 617  
 1-15-02